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## VOLUME 5. AIRMAN CERTIFICATION AND DESIGNATED EXAMINERS

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### CHAPTER 9. SELECTED PRACTICES

#### SECTION 8. U.S. AIRMAN CERTIFICATES ISSUED ON THE BASIS OF A FOREIGN AIRMAN CERTIFICATE (§§ 61.75 AND 63.42)

**805. GENERAL.** This section contains information and guidance to be used by inspectors when issuing U.S. airman certificates and special purpose airman certificates that are based on foreign airman certificates issued by an International Civil Aviation Organization (ICAO) contracting member state. This section also contains procedures to amend, surrender, and renew special purpose airman certificates.

**807. U.S. AIRMAN CERTIFICATES BASED UPON A FOREIGN CERTIFICATE.** Title 14 of the Code of Federal Regulations (14 CFR) allows the holder of a valid pilot certificate or flight engineer certificate issued by an ICAO contracting member state to be issued a restricted U.S. airman certificate. The airman may use the restricted certificate to operate U.S.-registered civil aircraft. The restricted U.S. airman certificate must contain limitations prohibiting the carriage of passengers or cargo and agricultural operations for compensation or hire. See volume II, chapter 29 of FAA Order 8700.1, General Aviation Operations Inspector's Handbook, for procedures for issuing these certificates. These procedures for issuing a pilot certificate based on a foreign certificate also apply to flight engineer certificates in accordance with 14 CFR part 63, § 63.42. The sample forms in Figures 5.9.8.2 through 5.9.8.4 should be used for issuing certificates based on foreign certificates in accordance with the guidance in Order 8700.10.

**NOTE: There are no provisions in 14 CFR for the issuance of U.S. flight instructor, navigator, or dispatcher certificates on the basis of a foreign certificate.**

*A. Initial Coordination with FAA's Airmen Certification Branch, AFS-760.* This process is new to the methodology of issuing a U.S. pilot certificate on the basis of a foreign license. Inspectors need to

become familiar with this process in order to advise applicants of the new procedures.

(1) A person who is applying for a U.S. pilot certificate/rating on the basis of a foreign license must be informed that he or she should try to pre-apply for that pilot certificate at least 60 days before arriving at the designated FAA FSDO where the applicant expects to receive the U.S. pilot certificate. This initial application step is the responsibility of the applicant and not the FSDO, and the FSDO may explain to the applicant how the entire application process works. The FSDO does not accept the initial application documents nor should the FSDO accept a completed FAA Form 8710-1 until after the authentication has taken place. The applicant may begin the application process in one of two ways.

(a) The applicant may submit a legible, hand-written or type-written letter with specific information and certain required documents.

(b) The applicant may submit the required information using an optional form developed by the Airman Certification Branch, AFS-760 (figure 4). The applicant may download the instructions for the initial application process and the optional verification of authenticity form from AFS-760's web site at: <http://registry.faa.gov>. Note that this is an optional form, not an official one, and that the applicant chooses whether to use the form or a letter.

(2) The applicant sends the completed form or letter with appropriate documents to the FAA's Airmen Certification Branch, AFS-760, P.O. Box 25082, Okla-

homa City, OK 73125. AFS-760's FAX number is (405) 954-4105.

(3) The information submitted to AFS-760 by the applicant must include the following information and documentation:

(a) The name of the person.

(b) The permanent home of record of the person. If the person wishes to have the verification of the authenticity letter, issued by the FAA's Airmen Certification Branch, AFS-760, delivered to a temporary mailing address, that applicant shall indicate his or her desires on a separate statement attached to the pre-application form or letter.

(c) The country of issuance of the person's foreign pilot license.

(d) The location of the FAA Flight Standards District Office where the person intends to make application for his or her U.S. pilot certificate. (The applicant will only be able to obtain the U.S. certificate after authentication from the FSDO he or she specifies.)

(e) A statement that his or her foreign pilot license is not under an order of suspension or revocation or make the statement on the Verification of Authenticity form.

(f) A legible copy of all pages of the foreign pilot license.

(g) A legible English transcription of the foreign pilot license, if the license is not in English.

(h) A legible copy of the foreign medical license/endorsement, as appropriate.

(i) A legible photocopy of a driver's license or passport or other picture identification.

*B. Duties and Responsibilities of the FAA's Airmen Certification Branch, AFS-760.* The FAA's Airmen Certification Branch, AFS-760, is responsible for:

(1) Verifying the authenticity of the person's foreign pilot license and medical license with the foreign civil aviation authority.

(2) Ensuring the person's foreign pilot license and medical qualification are not under an order of suspension or revocation.

(3) Issuing the verification of authenticity letter to the designated Flight Standards District Office and a copy to the applicant. (The verification of authenticity letter expires 60 days from the date on the letter.)

*C. Temporary Mailing Address.* A temporary mailing address for delivery of the pilot certificate may be indicated on a separate statement attached to the pre-application letter. However, the address required for official record purposes as shown on the FAA Form 8710-1 application must represent the person's actual permanent residential street address, including apartment number, etc., when appropriate. An alternate mail delivery service address (commercial mail box provider), flight school, airport office, etc., is not acceptable. A post office box or rural route number is not acceptable as permanent residence on an application unless there are unavoidable circumstances that require such an address. A person, residing on a rural route, in a boat or mobile (recreational) vehicle, or in some other manner that requires the use of a post office box or rural route number for an address, must attest to the circumstances by signing a statement on a separate sheet of paper. The information provided must include sufficient details to ensure identification of the geographical location of the person's residence. If necessary to positively identify the place of residence, the person will be required to provide a hand-drawn map that clearly shows the location of his/her residence. When the residence is a boat or other mobile vehicle, the registration number, tag number, etc., and dock or park location must be provided.

**808 - 820. RESERVED.**

FIGURE 5.9.8.1. OPTIONAL VERIFICATION OF AUTHENTICITY FORM AND INSTRUCTIONS

TYPE OR PRINT ALL ENTRIES IN INK

**Verification of Authenticity of Foreign License, Rating, and Medical Certification****Privacy Act**

The information on the accompanying form is solicited under authority of Title 14 of the Code of Federal Regulations (14 CFR), Part 61. The purpose of this data is to be used to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of all requested data is mandatory, except for the Social Security Number (SSN) which is voluntary. Failure to provide all the required information would result in you not being issued a certificate and/or rating. The information would become part of the Privacy Act system of records DOT/FAA 847, General Air Transportation Records on Individuals. The information collected on this form would be subject to the published routine uses of DOT/FAA 847. Those routine uses are: (a) To provide basic airmen certification and qualification information to the public upon request. (b) To disclose information to the national Transportation Safety Board (NTSB) in connection with its investigation responsibilities. (c) To provide information about airmen to Federal, state, and local law enforcement agencies when engaged in the investigation and apprehension of drug violators. (d) To provide information about enforcement actions arising out of violations of the Federal Aviation regulations to government agencies, the aviation industry, and the public upon request. (e) To disclose information to another Federal agency, or to a court or an administrative tribunal, when the Government or one of its agencies is a party to a judicial proceeding before the court or involved in administrative proceedings before the tribunal.

Submission of your Social Security Number is voluntary. Disclosure of your SSN will facilitate maintenance of your records which are maintained in alphabetical order and cross-referenced with your SSN and airman certificate number to provide prompt access. In the event of nondisclosure, a unique number will be assigned to your file.

**Basic Airman Information**

1. Name as it appears on your pilot certification		2. SSN (US Only)		3. Date of Birth Month   Day   Year		4. Place of Birth	
5. Address  City, State, Zip Code		6. Citizenship  <input type="checkbox"/> USA <input type="checkbox"/> Other      Specify _____		7. Do you read, speak, write, & understand the English language?  <input type="checkbox"/> Yes <input type="checkbox"/> No			
13 a. Do you now hold, or have you ever held an FAA Pilot Certificate?  <input type="checkbox"/> Yes <input type="checkbox"/> No		13 b. Certificate Number		13 c. Date Issued			
14 a. Do you hold a Current Foreign Medical Certificate or Endorsement?  <input type="checkbox"/> Yes <input type="checkbox"/> No		14 b. Class of Certificate		14 c. Date Issued		14 d. Date Expired	
15 a. Do you hold an FAA Medical Certificate?  <input type="checkbox"/> Yes <input type="checkbox"/> No		15 b. Class of Certificate		15 c. Date Issued		15 d. Date Expired	
				14 e. Name of Examiner		15 e. Name of Examiner	

**Certificate or Rating Applied For on Basis of:**

16. Holder of a Current Medical Foreign License Issued By	16 a. Country	16 b. Grade of License	16 c. Number
	16 d. Ratings		

17. Is your foreign license under an order of revocation or suspension by the foreign country that issued your license?

☐ Yes      ☐ No

18. Please provide the location of the Flight Standards District Office (FSDO) where you intend to make application.

Signature of Applicant

Date

**FIGURE 5.9.8.1.—CONTINUED****Verification of Authenticity of Foreign License, Rating, and Medical Certification****Instructions for completing the form****Basic Airman Information**

Block 1. Name as it appears on your pilot certification. Enter your name exactly as it appears on your foreign pilot certificate.

Block 2. SSN (US Only). Optional: See supplemental Information Privacy Act. Do not leave blank. Use only United States Social Security number. Enter either your US SSN or the words “Do Not Use” or “None”. SSN’s are not shown on certificates.

Block 3. Date of Birth. Enter eight digits; Use numeric characters, i.e. 07-09-1940. Check to see that DOB is the same as it is on the foreign license and medical certificate.

Block 4. Place of Birth. If you were born in the USA, enter the city and state where you were born. If the city is unknown, enter the county and state. If you were born outside the USA, enter the name of the city and country where you were born.

Block 5. Permanent Mailing Address. Enter residence number and street, P.O. Box or rural route number in the top part of the block above the line. The City, State, and Zip code go in the bottom part of the block below the line. FAA policy requires that you use your permanent mailing address. A map or directions must be provided if a physical address is unavailable. If you require the results of this verification of authenticity mailed to a temporary address, please submit that information on a separate sheet of paper.

Block 6. Citizenship. Check “Other” and enter the country where you are a citizen or check USA, if applicable.

Block 7. Do you read, speak, write, and understand the English language. Check yes or no.

Block 8. Height. Enter your height in inches. Example: 5’8” would be entered as 68 in. No fractions, use whole inches only.

Block 9. Weight. Enter your weight in pounds. No fractions, use whole pounds only.

Block 10. Hair. Spell out the color of your hair. If bald, enter “Bald”. Color should be listed as black red brown, blond or gray. If you wear a wig or toupee, enter the color of your hair under the wig or toupee.

Block 11. Eyes. Spell out the color of your eyes. The color should be listed as blue, brown, black, hazel, green or gray.

Block 12. Sex. Check male or female.

Block 13a. Do you now hold, or have you ever held an FAA Pilot Certificate? Check yes or no. (NOTE a student pilot certificate is a Pilot Certificate).

**FIGURE 5.9.8.1.—CONTINUED**

Block 13b. Certificate number. Enter the number of your FAA pilot certificate

Block 13c. Date issued. Enter the date your FAA pilot certificate was issued.

Block 14a. Do you hold a Current Foreign Medical Certificate or Endorsement? Check yes or no.

Block 14b. Class of certificate. Enter the class of the foreign medical certificate or endorsement.

Block 14c. Date issued. Enter the date the foreign medical certificate or endorsement was issued.

Block 14d. Date expired. Enter the expiration date of the foreign medical certificate or endorsement.

Block 14e. Name of Examiner. Enter the name of the person as shown on foreign medical certificate or endorsement.

Block 15a. Do you hold an FAA medical Certificate? Check yes or no.

Block 15b. Class of certificate. Enter the class of the FAA medical certificate.

Block 15c. Date issued. Enter the date the FAA medical certificate was issued.

Block 15d. Date expired. Enter the expiration date of the FAA medical certificate.

Block 15e. Name of Examiner. Enter the name of the person as shown on the FAA medical certificate.

**Certificate or Rating Applied for on Basis of:**

Block 16. Holder of Foreign License Issued By.

16a. Country. Enter Name of ICAO Country that issued the license.

16b. Grade of License. Enter Grade of license issued, i.e. private, commercial, etc.

16c. Number. Enter number that appears on the license.

16d. Ratings. Enter all ratings that appear on the license.

Block 17. Is your foreign license under an order of revocation or suspension by the foreign country that issued your license? Check yes or no.

Block 18. Please provide the location of the Flight Standards District Office (FSDO) where you intend to make application. Enter the location of the FSDO from the list provided so your verification can be provided to that FSDO.

Signature of Applicant. Sign your full name.

Enter the date you sign the Verification of Authenticity of Foreign License, Rating, and Medical Certification form.

**FIGURE 5.9.8.2—CONTINUED****FAQ ON THE PRE-APPLICATION PROCESS**

**Question 1:** What will be the procedure if the FAA's Airmen Certification Branch, AFS-760, is unable to obtain verification from the country that issued the foreign pilot license?

**Answer 1:** All verifications must be furnished to the FAA's Airmen Certification Branch, AFS-760, by the foreign civil aviation authority that issued the foreign pilot license. A U.S. pilot certificate will not be issued even if a person furnishes verification from the foreign civil aviation authority with its letterhead to an FAA Flight Standards District Office.

**Question 2:** Will the FAA's Airmen Certification Branch, AFS-760, routinely inform the person if verification from the foreign civil aviation authority cannot be obtained within 60 days?

**Answer 2:** No. The FAA's Airmen Certification Branch, AFS-760, does not have the staffing resources available to respond to each person. If a person inquires, then the FAA's Airmen Certification Branch, AFS-760, will respond.

**Question 3:** Since §61.75(a) and (b) requires a person's foreign pilot license to be "current," can a U.S. pilot certificate still be issued using a current FAA medical certificate as stated in §61.75(b)(4) if the foreign medical license is not current?

**Answer 3:** If the verification from the foreign civil aviation authority states that the foreign pilot license is current, but the foreign medical license is not, we will assume the FAA medical certificate, issued under part 67, can meet the requirement for a current medical certificate. If the foreign civil aviation authority states that the foreign pilot license is not valid because the medical endorsement has expired, then a U.S. pilot certificate may not be issued.

**Question 4:** Must the verification request form have the foreign person's signature?

**Answer 4:** No, it will not be necessary because the FAA's Airmen Certification Branch, AFS-760, can currently request verification from any foreign civil aviation authority that is a member state to ICAO without signature authorization from the person.

**Question 5:** Can a person FAX a request form for the pre-application phase for requesting issuance of a U.S. pilot certificate, a copy of his/her foreign pilot license, and an English transcription of that license (if the license is not written in English) to the FAA's Airmen Certification Branch, AFS-760.

**Answer 5:** Yes, a FAX request will be acceptable.

FIGURE 5.9.8.2.

## FAA FORM 8710-1, AIRMAN CERTIFICATE AND/OR RATING APPLICATION

TYPE OR PRINT ALL ENTRIES IN INK Form Approved OMB No: 2120-0021

DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION

## Airman Certificate and/or Rating Application

**I. Application Information**

☐ Student ☐ Recreational ☐ Private ☐ Commercial ☐ Airline Transport ☐ Instrument  
☐ Additional Rating ☐ Airplane Single-Engine ☐ Airplane Multiengine ☐ Rotorcraft ☐ Balloon ☐ Airship ☐ Glider ☐ Powered-Lift  
☐ Flight Instructor Initial ☐ Renewal ☐ Reinstatement ☐ Additional Instructor Rating ☐ Ground Instructor ☐ Other  
☐ Medical Flight Test ☐ Reexamination ☐ Reissuance of certificate

☐ Instrument ☐ Balloon ☐ Airship ☐ Glider ☐ Powered-Lift

**A. Name (Last, First, Middle)** **B. SSN (US Only)** **C. Date of Birth** **D. Place of Birth**

**E. Address** **F. Citizenship** Specify **G. Do you read, speak, write, & understand the English language?** ☐ Yes ☐ No

**City, State, Zip Code** **H. Height** **I. Weight** **J. Hair** **K. Eyes** **L. Sex** ☐ Male ☐ Female

**M. Do you now hold, or have you ever held an FAA Pilot Certificate?** ☐ Yes ☐ No **N. Grade Pilot Certificate** **O. Certificate Number** **P. Date Issued**

**Q. Do you hold a Medical Certificate?** ☐ Yes ☐ No **R. Class of Certificate** **S. Date Issued** **T. Name of Examiner**

**U. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances?** ☐ Yes ☐ No **V. Date of Final Conviction**

**II. Certificate or Rating Applied For on Basis of:**

☐ A. Completion of Required Test  
  
☐ B. Military Competence Obtained In  
  
☐ C. Graduate of Approved Course  
  
☐ D. Holder of Foreign License Issued By  
  
☐ E. Completion of Air Carrier's Approved Training Program

**1. Aircraft to be used (if flight test required)** **2a. Total time in this aircraft / SIM / FTD** hours **2b. Pilot in command** hours

**1. Service** **2. Date Rated** **3. Rank or Grade and Service Number**

**4a. Flown 10 hours PIC in last 12 months in the following Military Aircraft.** **4b. US Military PIC & Instrument check in last 12 months (List Aircraft)**

**1. Name and Location of Training Agency or Training Center** **1a. Certification Number**

**2. Curriculum From Which Graduated** **3. Date**

**1. Country** **2. Grade of License** **3. Number**

**4. Ratings**

**1. Name of Air Carrier** **2. Date** **3. Which Curriculum** ☐ Initial ☐ Upgrade ☐ Transition

**III. RECORD OF PILOT TIME (Do not write in the shaded areas.)**

	Total	Instruction Received	Solo	Pilot in Command (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Take-off/Landings	Night PIC	Night Take-off/Landing PIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches
Airplanes				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Rotorcraft				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Powered Lift				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Gliders																
Lighter Than Air																
Simulator Training Device																
PCATD																

**IV. Have you failed a test for this certificate or rating?** ☐ Yes ☐ No

**V. Applicants's Certification** – I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

**Signature of Applicant** **Date**

FIGURE 5.9.8.2. (CONT'D)

**FAA FORM 8710-1, AIRMAN CERTIFICATE AND/OR RATING APPLICATION (REVERSE SIDE),  
INSPECTOR'S REPORT**


<b>Instructor's Recommendation</b>				
I have personally instructed the applicant and consider this person ready to take the test.				
Date	Instructor's Signature (Print Name & Sign)	Certificate No.	Certificate Expires	
<b>Air Agency's Recommendation</b>				
The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.				
Date	Agency Name and Number	Officials Signature		
		Title		
<b>Designated Examiner or Airman Certification Representative Report</b>				
<input type="checkbox"/> Student Pilot Certificate Issued (Copy attached) <input type="checkbox"/> I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR Part 61 for the certificate or rating sought. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below. <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Approved -- Temporary Certificate Issued (Original Attached)         <input type="checkbox"/> Disapproved -- Disapproval Notice Issued (Original Attached)       </div>				
Location of Test (Facility, City, State)		Duration of Test Ground      Simulator/FTD      Flight		
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)	
Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No.	Designation Expires
<b>Evaluator's Record (Use For ATP Certificate and/or Type Ratings)</b>				
	Inspector	Examiner	Signature and Certificate Number	Date
Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>Aviation Safety Inspector or Technician Report</b>				
I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below.				
<input type="checkbox"/> Approved -- Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved -- Disapproval Notice Issued (Original Attached)				
Location of Test (Facility, City, State)		Duration of Test Ground      Simulator/FTD      Flight		
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Student Pilot Certificate Issued  <input type="checkbox"/> Examiner's Recommendation              <input type="checkbox"/> Accepted    <input type="checkbox"/> Rejected  <input type="checkbox"/> Reissue or Exchange of Pilot Certificate  <input type="checkbox"/> Special Medical test conducted -- report forwarded to Aeromedical Certification Branch, AAM-330         </div> <div> <input type="checkbox"/> Certificate or Rating Based on              <input type="checkbox"/> Military Competence              <input type="checkbox"/> Foreign License              <input type="checkbox"/> Approved Course Graduate              <input type="checkbox"/> Other Approved FAA Qualification Criteria         </div> <div> <input type="checkbox"/> Flight Instructor    <input type="checkbox"/> Ground Instructor              <input type="checkbox"/> Renewal              <input type="checkbox"/> Reinstatement              Instructor Renewal Based on              <input type="checkbox"/> Activity            <input type="checkbox"/> Training Course              <input type="checkbox"/> Test                 <input type="checkbox"/> Duties and Responsibilities         </div> </div>				
Training Course (FIRC) Name		Graduation Certificate No.		Date
Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office	
Attachments: <input type="checkbox"/> Airman's Identification (ID) <input type="checkbox"/> Student Pilot Certificate (Copy)      Form of ID _____ ID: _____ <input type="checkbox"/> Knowledge Test Report      Number _____ Name: _____ <input type="checkbox"/> Temporary Airman Certificate      Expiration Date _____ Date of Birth: _____ <input type="checkbox"/> Notice of Disapproval      Telephone Number _____ Certificate Number: _____ <input type="checkbox"/> Superseded Airman Certificate      E-Mail Address _____				

FAA Form 8710-1 (4-00) Supersedes Previous Edition

AFS Electronic Forms System

NSN: 0052-00-682-5007

**FIGURE 5.9.8.3.**  
**FAA FORM 8400-3, APPLICATION FOR AN AIRMAN CERTIFICATE AND/OR RATING (FOR FLIGHT**  
**ENGINEERS, FLIGHT NAVIGATORS, AND AIRCRAFT DISPATCHERS)**  
**(FRONT)**



U.S. Department of Transportation  
**Federal Aviation Administration**

# Application For An Airman Certificate and/or Rating

Form Approved OMB NO. 2120-0007

<input type="checkbox"/> Flight Engineer <input type="checkbox"/> Reciprocating Engine Powered <input type="checkbox"/> Turbopropeller Powered <input type="checkbox"/> Turbojet Powered			<input type="checkbox"/> Flight Navigator <input type="checkbox"/> Control Tower Operator <input type="checkbox"/> VFR Tower Rating <input type="checkbox"/> Non-Radar Approach Control Tower Rating			<input type="checkbox"/> Aircraft Dispatcher <input type="checkbox"/> Reissuance of Certificate <input type="checkbox"/> Additional Rating		
1. TYPE OF AIRCRAFT TO BE USED			2. TIME IN THIS AIRCRAFT			3. NAME OF EMPLOYER		

### 4. Applicant Identification

A. NAME *(First, Middle, Last)*

B. SOCIAL SECURITY NO.

C. DATE OF BIRTH

D. HEIGHT

E. WEIGHT

F. HAIR

G. EYES

H. SEX

I. NATIONALITY

J. PLACE OF BIRTH

K. PERMANENT MAILING ADDRESS  
*(Include Zip Code)*

TELEPHONE NO.

### 5. Certificates Held by Applicant

A. ☐ Pilot

☐ Airline Transport

☐ Commercial

☐ Flight Instructor

☐ Private

☐ B. Flight Navigator

☐ C. Control Tower Operator

☐ D. Flight Engineer

☐ E. Ground Inspector

☐ F. Aircraft Dispatcher

☐ G. Mechanic

### 6. Applicant's Certification

I certify that I meet all pertinent requirements of the Regulations for the certificate or rating applied for

\_\_\_\_\_

\_\_\_\_\_

Date

Applicant's Signature

### Instructor's Recommendation

7. I consider the above applicant ready to take the test for which he/she is applying:

☐ A. Oral Test

☐ B. Flight

or

☐ C. Practical Test

Aircraft Dispatcher

D. Date	Instructor's Signature	Instructor's Certificate No. & Expiration Date	Grade & Certificate No.
E. Date	Instructor's Signature	Instructor's Certificate No. & Expiration Date	Grade & Certificate No.

### 8. Evaluation Record

	Inspector	Examiner	Signature	Date
Oral				
Practical Test Aircraft Dispatcher				
Practical Test Control Tower Operator				
Simulator Check				
Aircraft Flight Check				

### 9. Inspector's Record

☐ Temporary Airman Certificate Issued

☐ Notice of Disapproval of Application Issued

☐ Examiner's Action Accepted

DATE	INSPECTOR'S SIGNATURE	FAA OFFICE																														
<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td>CP</td><td>REQ</td><td>OFFICE</td><td>COM</td><td>ISS</td><td>ACT</td><td>EMP</td><td>TRN</td><td>M.T.</td><td>DIS</td><td>CLASS</td><td>SEX</td><td>RATING</td><td>STATE</td><td>COUNTY</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	CP	REQ	OFFICE	COM	ISS	ACT	EMP	TRN	M.T.	DIS	CLASS	SEX	RATING	STATE	COUNTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Aircraft Dispatcher <input type="checkbox"/> Special Mailing <input type="checkbox"/> Airmail	<input type="checkbox"/> IFO Mailing <input type="checkbox"/> Correspondence
CP	REQ	OFFICE	COM	ISS	ACT	EMP	TRN	M.T.	DIS	CLASS	SEX	RATING	STATE	COUNTY																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		

FAA Form 8400-3 (1-98) Supersedes Previous Edition

Electronic Version (OmniForm)

NSN: 0052-00-692-3002

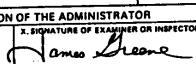
FIGURE 5.9.8.3 (CON'T)

**FAA FORM 8400-3, APPLICATION FOR AN AIRMAN CERTIFICATE AND/OR RATING (FOR FLIGHT ENGINEERS, FLIGHT NAVIGATORS, AND AIRCRAFT DISPATCHERS)**

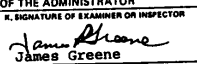
**(BACK)**

Form Approved OMB NO. 2120-0007									
<b>10. Practical Test Report</b>									
Grading Legend (All applicable items must be graded S or U) Explain in "Remarks" all items which are not graded. <i>S-Satisfactory, U-Unsatisfactory</i>									
Item No.	<b>A. Flight Engineer</b>		<b>Grade</b>		Item No.	<b>C. Aircraft Dispatcher</b>		<b>Grade</b>	
			Examiner	Inspector				Examiner	Inspector
1	Equipment Examination <i>(Oral)</i>				1	Aircraft			
2	Preflight Inspection				2	Air Routes and Airports			
3	Normal Operating Procedures				3	Altimeters			
4	Abnormal Operating Procedures				4	Weather Analysis			
5	Performance Data and Cruise Control				5	Airman's Information Manual			
6	Trouble Shooting				6	Dispatch and Assistance			
7	Emergency Procedures				7	Emergency Procedures			
8	Forms and Records								
9	Post Flight								
10	Crew Coordination								
11	Judgement								
Item No.	<b>B. Flight Navigator</b>		<b>Grade</b>		Item No.	<b>D. Control Tower Operator</b>		<b>Grade</b>	
			Examiner	Inspector				Examiner	Inspector
1	Equipment (Oral)				1	The Control Tower			
2	Equipment Check				2	The Airport			
3	Preflight Training				3	The Control Zone			
4	Normal Navigation Procedures				4	Notice to Airmen			
5	Knowledge of Navigation Methods				5	Weather Facilities and Procedures			
6	Co-ordination of Navigational Methods				6	A Demonstration of Ability to Control Air Traffic Under VFR			
7	Emergency Procedures					NON-RADAR APPROACH CONTROL TOWER RATING			
8	Co-ordination of Duties				1	Air Traffic Control Facilities			
9	Crew Coordination				2	Air Navigation Facilities			
10	Judgement				3	Use of Airman's Information Manual			
					4	Holding Procedures			
					5	Approach Procedures			
					6	Missed Approach Facilities			
					7	Alternate Airports			
					8	Search and Rescue Procedures			
					9	A Demonstration of Ability to Control Air Traffic Under IFR			
					10	Airport Identification			
<input type="checkbox"/> Airmans Identification (ID)  Form of ID _____ Number _____ Expiration Date _____									
<b>10. Remarks</b>									

**FIGURE 5.9.8.4.**  
**FAA FORM 8060-4, TEMPORARY AIRMAN CERTIFICATE**

I. UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION		III. CERTIFICATE NO. Pending
II. TEMPORARY AIRMAN CERTIFICATE		
THIS CERTIFIES THAT		IV. Jacques Q. Doe v. 18, rue Gustave Courbet Mirabel, Quebec, Canada J7N1A5
DATE OF BIRTH	HEIGHT	WEIGHT
1/24/41	71 1/2 IN.	175
HAIR	EYES	SEX
Brn.	Hazel	M
NATIONALITY		VI.
Canadian		
IX. Has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of Airline Transport Pilot		
RATINGS AND LIMITATIONS XII. Valid for U.S.-registered civil B-747 Aircraft leased to NationAir Canada. Issued under and subject to the provisions of FAR 61.77. Subject to the privileges and limitations as shown on the holders Foreign ATP Certificate.		
XIII. Certificate. Expires 6/30/93 THIS IS <input type="checkbox"/> AN ORIGINAL ISSUANCE <input type="checkbox"/> A REISSUANCE OF THIS GRADE OF CERTIFICATE		DATE OF SUPERSEDED AIRMAN CERTIFICATE
BY DIRECTION OF THE ADMINISTRATOR		
DATE OF ISSUANCE	X. SIGNATURE OF EXAMINER OR INSPECTOR	
6/28/91	 James Greene	
EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG. NO.		DATE DESIGNATION EXPIRES
AEA-FSDO-15		

FAA Form 8060-4 10-791 USE PREVIOUS EDITION

I. UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION		III. CERTIFICATE NO. Pending
II. TEMPORARY AIRMAN CERTIFICATE		
THIS CERTIFIES THAT		IV. Jacques Q. Doe v. 18, rue Gustave Courbet Mirabel, Quebec, Canada J7N1A5
DATE OF BIRTH	HEIGHT	WEIGHT
1/24/41	71 1/2 IN.	175
HAIR	EYES	SEX
Brn.	Hazel	M
NATIONALITY		VI.
Canadian		
IX. Has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of Flight Engineer		
RATINGS AND LIMITATIONS XII. Valid for U.S.-Registered Civil B-747 Aircraft leased to NationAir Canada. Issued under and subject to the provisions of FAR 63.23. Subject to the privileges and limitations as shown on the holder's Foreign Flight Engineers Certificate.		
XIII. Certificate. Expires 6/30/93 THIS IS <input type="checkbox"/> AN ORIGINAL ISSUANCE <input type="checkbox"/> A REISSUANCE OF THIS GRADE OF CERTIFICATE		DATE OF SUPERSEDED AIRMAN CERTIFICATE
BY DIRECTION OF THE ADMINISTRATOR		
DATE OF ISSUANCE	X. SIGNATURE OF EXAMINER OR INSPECTOR	
6/28/91	 James Greene	
EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG. NO.		DATE DESIGNATION EXPIRES
AEA-FSDO-15		

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**[PAGES 5-697 THROUGH 5-706 RESERVED]**